

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September, 1, 1993 and Commission Rule 133.305, titled Medical Dispute Resolution, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service (DOS) 09/20/01?
b. The request was received on 03/29/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Medical records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. EOB
 - c. Peer Review
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 07/02/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/09/02. The response from the insurance carrier received in the Division on 07/15/02 is timely based on 133.307 (i). The insurance carrier's response received in the Division on 07/23/01 is untimely based on 133.307 (i) will not be considered.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: none submitted
2. Respondent: none submitted timely

IV. FINDINGS

1. Based on Commission Rule 133.305 (d)(1&2), the only date of service eligible for review is 09/20/01.
2. The Carrier's initial EOB has the denial "A – Pre-Authorization required under chapter 134, But the provider did not request for Pre-Authorization." The EOB issued upon reconsideration has the denial "O – Upon review of your request for a reconsideration, no additional benefits is recommended at this time."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
09/20/01	97545-WH-AP	\$130.00 (2 hours)	\$0.00	A, O	\$128.00 (\$64.00 per hour)	Texas Workers' Compensation Act & Rules, Rules 133.304 (c) & 134.600 (h); MFG, MGR (II)(E)	The carrier denied reimbursement stating, "Pre-Authorization required." A review of the Commission's file indicates that the services provided were probably performed in the first six weeks of work hardening and would not require pre-authorization. The carrier has submitted no documentation to the contrary. Therefore, the provider is entitled to reimbursement of \$448.00.
	97546-WH-AP	\$325.00 (5 hours)	\$0.00	A, O	\$320.00 (\$64.00 per hour)		
Totals		\$455.00	\$0.00				The Requestor is entitled to additional reimbursement of \$448.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$448.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 14th day of October 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division